

PART 3 SERVICES: GENERAL PROVISIONS

3.1 Amount, Duration, and Scope of Services

The following services, as described on the following pages, will be provided to those determined to be eligible for Medicaid:

a) <u>Services</u>	<u>On-island</u>	<u>Off-island*</u>
-Inpatient Hospital	X	X
-Outpatient Hospital	X	X
-Other Laboratory and X-Ray	X	X
-Nursing Facility		X
-Early and Periodic Screening, Diagnosis and Treatment	X	X
-Physicians' Services	X	X
+Clinic Services	X	X
+Dental Services	X	X
+Physical Therapy	X	X
+Prescribed Drugs & Eyeglasses	X	X
+Home Health Services		X
+Transportation	X	X

* Services provided off-island require prior authorization by the Medical Referral Committee.

+ Attachment 3.1-A specifies limitations for these services.